

04/12/99



U.S. PTO

Please type a plus sign (+) inside this box → ☐

PTO/SB/05 (4/98)
 Approved for use through 09/30/2000. OMB 0651-0032
 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. _____

First Inventor or Application Identifier _____

Title **TOXICS, ORGANICS, COLOR REMOVAL PROCESS**

Express Mail Label No. _____

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents
 Box Patent Application
 Washington, DC 20231

1. ☒ * Fee Transmittal Form (e.g., PTO/SB/17)
 (Submit an original and a duplicate for fee processing)
2. ☐ Specification [Total Pages **25**]
 (preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. **4** Drawing(s) (35 U.S.C. 113) [Total Sheets **4**]
4. Oath or Declaration [Total Pages ☐]
 - a. ☒ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))
 (for continuation/divisional with Box 16 completed)
 - i. ☐ **DELETION OF INVENTOR(S)**
 Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

5. ☐ Microfiche Computer Program (Appendix) **NA**
6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Copy **NA**
 - b. ☐ Paper Copy (identical to computer copy) **NA**
 - c. ☐ Statement verifying identity of above copies **NA**

ACCOMPANYING APPLICATION PARTS

7. ☐ Assignment Papers (cover sheet & document(s))
8. ☐ 37 C.F.R. § 3.73(b) Statement of Power of Attorney (when there is an assignee)
9. ☐ English Translation Document (if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
11. ☐ Preliminary Amendment
12. ☐ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
13. ☒ * Small Entity Statement(s) ☐ Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)
14. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
15. ☒ Other: **LIST OF DOCUMENTS SUPPLIED TO USPTO 4-6-99**

* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: **NA**

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No. _____

Prior application information: Examiner _____

Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

Name **LAUNEIL "NEIL" SANDERS**

Address **2206 CANAAN POINTE DRIVE**

City **SPARTANBURG** State **SC** Zip Code **29306-6293**

Country **USA** Telephone **(864) 515-9788** Fax **(864) 515-9788**

Name (Print/Type)

LAUNEIL "NEIL" SANDERS

Registration No. (Attorney/Agent)

NA-NONE

Signature

Launeil Sanders

Date

APRIL 6, 1999

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 1999

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known

Application Number	
Filing Date	
First Named Inventor	LAUNEIL SANDERS
Examiner Name	
Group / Art Unit	
Attorney Docket No.	NA - NONE

METHOD OF PAYMENT (check one)

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number

Deposit Account Name

☐ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
2. ☒ Payment Enclosed:
☒ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 760	201 380	Utility filing fee	380
106 310	206 155	Design filing fee	0
107 480	207 240	Plant filing fee	0
108 760	208 380	Reissue filing fee	0
114 150	214 75	Provisional filing fee	0

SUBTOTAL (1) (\$380.00)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
14	20** = 0	0	0
14	3** = 11	39	429
Multiple Dependent			0

**or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 78	202 39	Independent claims in excess of 3
104 260	204 130	Multiple dependent claim, if not paid
109 78	209 39	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$429.00)

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet.	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 380	216 190	Extension for reply within second month	
117 870	217 435	Extension for reply within third month	
118 1,360	218 680	Extension for reply within fourth month	
128 1,850	228 925	Extension for reply within fifth month	
119 300	219 150	Notice of Appeal	
120 300	220 150	Filing a brief in support of an appeal	
121 260	221 130	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,210	241 605	Petition to revive - unintentional	
142 1,210	242 605	Utility issue fee (or reissue)	
143 430	243 215	Design issue fee	
144 580	244 290	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Petitions related to provisional applications	
126 240	126 240	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 760	246 380	Filing a submission after final rejection (37 CFR 1.129(a))	
149 760	249 380	For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify) NONE			
Other fee (specify) NONE			

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$0)

SUBMITTED BY

Typed or Printed Name LAUNEIL "NEIL" SANDERS

Signature

Launeil Sanders

Date 4-6-99

Complete (if applicable)

Reg. Number

Deposit Account User ID

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

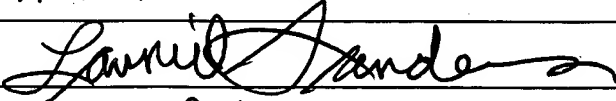
Please type a plus sign (+) inside this box → ☐

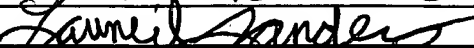
PTO/SB/21 (6-98)
Approved for use through 09/30/2000. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number		
	Filing Date		
	First Named Inventor	LAUNEIL SANDERS	
	Group Art Unit		
	Examiner Name		
Total Number of Pages in This Submission		Attorney Docket Number	NA - NONE

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application) NA	<input type="checkbox"/> After Allowance Communication to Group NA
<input checked="" type="checkbox"/> Fee Attached \$809.00	<input checked="" type="checkbox"/> Drawing(s) 4 DRAWINGS 1/4, 2/4, 3/4, 4/4	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences NA
<input type="checkbox"/> Amendment / Response NA	<input type="checkbox"/> Licensing-related Papers NA	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) NA
<input type="checkbox"/> After Final NA	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition NA	<input type="checkbox"/> Proprietary Information NA
<input checked="" type="checkbox"/> Affidavits/declaration(s) ORIGINALS	<input type="checkbox"/> Petition to Convert to a Provisional Application NA	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request NA	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address NA	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request NA	<input type="checkbox"/> Terminal Disclaimer NA	LIST OF DOCUMENTS SUPPLIED TO USPTO ORIGINALS April 6, 1999
<input type="checkbox"/> Information Disclosure Statement NA	<input checked="" type="checkbox"/> Small Entity Statement \$809	
<input type="checkbox"/> Certified Copy of Priority Document(s) NA	<input type="checkbox"/> Request for Refund NA	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application NA	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 NA		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		SELF-NO AGENT
Firm or Individual name	LAUNEIL "NEIL" SANDERS	
Signature		
Date	April 6, 1999	

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <u>Launeil Sanders</u>			
Typed or printed name	LAUNEIL "NEIL" SANDERS		
Signature		Date	April 6, 1999

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

LIST OF DOCUMENTS SUPPLIED TO U.S. PATENT AND TRADEMARK OFFICE

TITLE OF INVENTION

Title of Invention is: "Toxics,Organics, Color Removal Technology Process /or Method
For Toxics, Organics, Color Reduction of All Pulp/Paper Mills' Wastewaters"

Name of Inventor: "Colonel" Launeil Sanders *Launeil Sanders April 6, 1999*

Citizenship of Inventor: Natural U.S. Born Citizen

Residence of Inventor: 2206 Canaan Pointe Drive, Spartanburg, S.C. 29306-6293 USA

Phone (864) 515-9788; Fax @ (864) 515-9788

USPTO VERIFICATION

LAUNEIL SANDERS

_____	the application number (-not assigned yet) _____	X
_____	the filing date of application April 6, 1999	X
_____	the title of invention (as shown above)	X
_____	the name of inventor (LAUNEIL SANDERS)	X
_____	FORM # PTO/SB\01, DECLARATION ; 2 PAGES ,April 6, 1999	X
_____	SPECIFICATION 21 PAGES(EXCLUDING CLAIMS 4 PAGES pp 20 THRU pp 23 ,April 6, 1999)	X
_____	CLAIMS (14 CLAIMS LISTED ON pp 20 THRU pp 23 ,April 6, 1999)	X
_____	FIGURES / DRAWINGS (4 FIGURES . FIGURE 1/4 , FIGURE 2/4, FIGURE 3/4, AND FIGURE 4/4 ,April 6, 1999)	X
_____	OATH ; ONE PAGE PAGE 25 OF SPECIFICATION ,April 6, 1999	X
_____	AMOUNT OF PAYMENT <i>\$809⁰⁰</i> ; BY PERSONAL CHECK	X

OTHER DOCUMENTS:

_____	FORM # PTO/SB\05, UTILITY PATENT TRANSMITTAL ; 1 PAGE ,April 6, 1999	X
_____	FORM # PTO/SB\17, FEE TRANSMITTAL ; 1 PAGE	X
_____	FORM # PTO/SB\21, TRANSMITTAL FORM ; 1 PAGE	X
_____	FORM # PTO/SB\09, SMALL ENTITY STATUS ; 1 PAGE	X